

Name _____ Employer/Organization _____

Home Address _____ City _____ Zip _____

Business Address _____ City _____ Zip _____

Daytime Phone _____ E-mail _____

Occupation _____ Title _____ # of Years in this Field _____

PLEASE CHECK THE APPROPRIATE BOXES BELOW:

SUMMIT REGISTRATION:	Public Health Worker/ Physician/Nurse/ Other	Student
Tuesday June 3rd (complimentary)	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday June 4th (includes lunch)	\$25 <input type="checkbox"/>	\$15 <input type="checkbox"/>
Total		

Specific Dietary Needs

Tuesday June 3rd	Check the sessions you plan to attend.	Case Investigation & Surveillance <input type="checkbox"/>	Interviewing Skills for Sensitive Health Topics <input type="checkbox"/>	Tuberculosis <input type="checkbox"/>	Hepatitis A-E <input type="checkbox"/>	Leadership & Communication In Pressing Times <input type="checkbox"/>
Wednesday June 4th Session 1	Food Safety <input type="checkbox"/>	Refugee Health <input type="checkbox"/>	Tobacco <input type="checkbox"/>	Climate Change <input type="checkbox"/>	Immunizations <input type="checkbox"/>	Medical Error Reporting <input type="checkbox"/>
Wednesday June 4th Session 2	Food Safety <input type="checkbox"/>	Obesity <input type="checkbox"/>	Communicable Disease Rule <input type="checkbox"/>	Antimicrobial Resistance <input type="checkbox"/>	Food Safety <input type="checkbox"/>	Immunizations <input type="checkbox"/>
Wednesday June 4th Session 3	Asthma Guidelines <input type="checkbox"/>	Tobacco <input type="checkbox"/>	Communicable Disease Rule <input type="checkbox"/>	Indiana Zoonotics <input type="checkbox"/>	Obesity <input type="checkbox"/>	Antimicrobial Resistance <input type="checkbox"/>

Payment Method: If paying by credit card, please indicate:

- ☐ Visa Card # _____
☐ Master Card Cardholder Name: _____
☐ Cash Expiration Date: _____
☐ Check Billing Address: _____
 *Make Checks Payable _____
 to "Indiana Public Health Association"

Total: _____

Mail Registrations to:
Indiana Public Health Association
3838 N. Rural St.
Indianapolis, IN 46205
Fax: 317-221-3006 Phone: 317-221-3005